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EQUIVALENCY CHALLENGE FOR VIRGINIA EMERGENCY MEDICAL TECHNICIAN CERTIFICATION

APPLICANT INFORMATION FORM

PLEASE COMPLETE THE FOLLOWING:

NAME: _____

CURRENT PROFESSIONAL LICENSE HELD: (Check all that apply)

Registered Nurse (RN) _____ Practical Nurse (LPN) _____ Physician Assistant (PA) _____
Military Corpsman _____ -- List Branch of Service: _____

CURRENT PROFESSIONAL LICENSE OR CERTIFICATION WAS ISSUED BY:

State of: _____ or U.S. Military Branch _____

LICENSE NUMBER: (If applicable) State #: _____

SOCIAL SECURITY NUMBER: _____ (Enter If Not Used as State # Above)

VIRGINIA EMS CERTIFICATION NUMBER (If previously assigned): _____

CPR CERTIFICATION HELD: (Check one)

American Heart Assoc. - Healthcare Provider _____ American Red Cross - Prof. Rescuer _____

American Safety and Health CPR-PRO _____ National Safety Council - Prof. Rescuer _____

NEED FOR VIRGINIA CERTIFICATION--- (Check one)

Virginia Resident: _____ -OR- EMS Agency / Employment Affiliation: _____

Virginia EMS Agency/Employer: _____

EMS AGENCY / EMPLOYER VERIFICATION--- (Required for non-VA residents):

I hereby verify that the individual named above is affiliated with or employed (or has been offered employment) by the organization listed above; which represents their need for EMT certification in Virginia.

Signed: _____ Date: ____/____/____

Title: _____

(The information requested on this form may be submitted in letter format in lieu of form.)